

**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1PET (1738) FAX (602) 364-1039

VETBOARD.AZ.GOV

**COMPLAINT INVESTIGATION FORM**

If there is an issue with more than one veterinarian please file a  
separate Complaint Investigation Form for each veterinarian



PLEASE PRINT OR TYPE

**FOR OFFICE USE ONLY**Date Received: June 14, 2021 Case Number: 21-152**A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:**

Name of Veterinarian/CVT: Patrick Burns  
Premise Name: Vet Med Emergency and Speciality Care  
Premise Address: 20610 N Cave Creek Rd.  
City: Phoenix State: AZ Zip Code: 85024  
Telephone: 602-697-4694

**B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT\*:**

Name: Wendy Smith  
Address: [REDACTED]  
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]  
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

\*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

**C. PATIENT INFORMATION (1):**

Name: Smoky Smith  
Breed/Species: Domestic Short hair  
Age: 16/17 Sex: M Color: gray

**PATIENT INFORMATION (2):**

Name: \_\_\_\_\_  
Breed/Species: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

**D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:**

Please provide the name, address and phone number for each veterinarian.

Patrick Burns 20610 n Cave Creek Rd  
Phx AZ 85024 602-697-4894

**E. WITNESS INFORMATION:**

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Judy Smith [REDACTED]  
[REDACTED]  
[REDACTED]

Anthony Dobos [REDACTED]  
[REDACTED]

**Attestation of Person Requesting Investigation**

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Wendy Smith  
Date: June 13 2021



**F. ALLEGATIONS and/or CONCERNS:**

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

my Daughter and her fiancee Anthony & Judy and myself rushed Smokey to ER vet med, he was seen within 5 hours of needing hydration, and blood work to be done to see what was wrong. Lost 31bs not eating on own. We Oral Syringed him over 30 10ml syringes a day. He drank water on his own and ate a bowl of food once a day. This went on almost 4 days. We got blood work back, they said he was severely dehydrated, he needed to stay 12/24 hours for IV fluid, we agreed, but to watch his fluid build up, because of enlarged heart and hbp - they knew he already received a 100ml 5g from his vet clinic, literally 30 min prior. Never was told the fluid injection, could take 8-24 hours. they said his blood work was stable - and he was fine after 16 hrs - we were allowed to go get him, bring him home. He never received his Methamizole or hbp med he did have URT a lot, I don't know or understand why he was given so much IV fluid in ER and not given a diuretic for fluid, OR on the paperwork it showed kidneys subjectively large and the Baso on blood work which is white blood cells, he had - 0 - <sup>Bone marrow</sup> Also the Amyl over 2500 is pancreatitis problems. the report said Normal BP from heart Auscultation. he was stable to bring him they said, so why wasn't the in House Pancrease & Kidney issue addressed or brought to us? brought him home ~~Monday~~ <sup>24hr</sup> 6-6-21 died 6-7-21 after brought home

Patrick Burns

4

**F. ALLEGATIONS and/or CONCERNS:**

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

We gave gabapentin before we went to the vet visit at grand paws to keep him calm. they never mentioned bp or pulse was off or wrong and never mentioned kidneys or pancreas was not normal. the t4 we needed for his thyroid levels. Not mentioned about the WBC (white blood count) was a zero -0- which is no blood in the bone marrow, called on report as Basophils, showed he had none. If it was saying infection- why wasn't we notified and why not give him food in the IV? Or his medication - Or any new medication to help him being sick or any other issues going on, why no further testing. 2 years ago we spent over \$2,500 on things getting him tested and treated, so money was never a issue with us for his care - for IV and hosp visit and stay we paid over \$1300

How is it possible to have no blood in a bone marrow and live?

REV 8.14.17

Smokey Smith Account from Dr. Patrick Burns

6/20/21

Smokey presented for examination after being seen by his family veterinarian. No transfer was set up, but the owner reported that Smokey was seen for multiple days of anorexia and ataxia. They were seen briefly and given subcutaneous fluids but were counseled to seek further workup and hospitalization elsewhere. They were told that their pet was still severely dehydrated, and he at least needed aggressive rehydration. The owners expressed financial constraints but were advised to at least perform some blood work and hospitalize for rehydration. They were told that, based on findings, they may need to hospitalize longer to effectively treat Smokey's issues. The owners initially considered declining hospitalization, but it was emphasized that Smokey had low blood pressure, anemia, and an elevated white blood cell count. The owners seemed unconcerned and stated that his blood pressure was usually high. They were told that this made the low blood pressure even more concerning. They still seemed unconcerned. They eventually agreed to hospitalization for IV fluids but set restraints on what they were willing or able to do (i.e., only allowing 12 to 24 hours of hospitalization). Smokey was hospitalized, given a fluid bolus, then started on an aggressive fluid rate for rehydration, while monitoring his respiratory rate to assess for possible fluid overload. His sodium was also set to be monitored to make sure it did not drop too quickly. He was transferred to the overnight doctor for ongoing care.

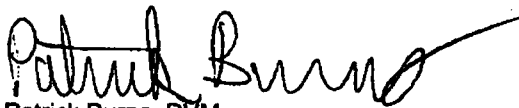
The basophils were low, but the reference range is 0.01 K/uL and, per Cote's Clinical Advisor for the dog and cat 4th edition by Leah A Cohn and Etienne Cote pg. 1311 "Basophils are rarely encountered in the blood of healthy animals." The total white blood cell count was elevated, making a bone marrow issue unlikely. The leukocytosis was discussed with the owner as a concern, likely for chronic inflammation contributing to the GI signs.

IV feeding is not generally undertaken. With an animal who is only being hospitalized for 12 to 24 hours, especially with the financial constraints brought up by the owner (referenced in the communications), a feeding tube is not generally placed. This can be expensive and requires slow refeeding and close monitoring, making it inappropriate for a short-term patient with limited funds.

Amylase is an unreliable test that can become elevated for any gastrointestinal (GI) tract inflammation. With no abdominal pain and no corresponding lipase elevation this was attributed to inflammation of the GI tract, likely causing Smokey's anorexia, lethargy, elevated white blood cell count, and elevated globulins.

There was no obvious kidney disease given the lack of blood urea nitrogen, creatinine, and phosphorous elevation. The low creatinine does not reflect kidney disease and likely reflects Smokeys generally thin body condition and poor muscling.

In my opinion the quality of care was upheld, given the financial constraints set by the owners. The important points of the blood work and general condition were addressed with the owners, but further diagnostics and treatments were declined.



Patrick Burns, DVM

**DOUGLAS A. DUCEY**  
- GOVERNOR -



**VICTORIA WHITMORE**  
- EXECUTIVE DIRECTOR -

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### **INVESTIGATIVE COMMITTEE REPORT**

**TO:** Arizona State Veterinary Medical Examining Board

**FROM:** AM Investigative Committee: Robert Kritsberg, DVM - Chair  
Christina Tran, DVM - **Absent**  
Carolyn Ratajack  
Jarrod Butler, DVM  
Steven Seiler

**STAFF PRESENT:** Tracy A. Riendeau, CVT – Investigations  
Mary Williams – Assistant Attorney General

**RE:** Case: 21-152  
Complainant(s): Wendy Smith  
Respondent(s): Patrick Burns, DVM (License: 6322)

#### **SUMMARY:**

Complaint Received at Board Office: 6/14/21  
Committee Discussion: 12/14/21  
Board IIR: 1/19/22

#### **APPLICABLE STATUTES AND RULES:**

Laws as Amended August 2018  
(Lime Green); Rules as Revised September  
2013 (Yellow).

On June 5, 2021, "Smokey," an approximately 16-year-old male domestic short hair cat was referred to VETMED Emergency and Specialty Veterinary Hospital for anorexia and weight loss.

Dr. Burns evaluated the cat; blood work was performed and hospitalization was recommended due to the cat's dehydration, low blood pressure, anemia and elevated white blood count. The pet owner reluctantly agreed and the cat was hospitalized for IV fluid therapy and monitoring.

Dr. Bedell monitored the cat overnight and his blood pressure improved. The following morning, the cat's care was transferred to Dr. Blom. Dr. Blom repeated blood work; the pet owner was updated with information that the cat appeared to be doing well however he still was not eating. Continued hospitalization was recommended, the pet owner declined and the cat was discharged later that day.

The following day, it was reported that the cat passed away.

**Complainant was noticed and appeared.**

**Respondent was noticed and appeared telephonically. Attorney David Stoll appeared.**



**The Committee reviewed medical records, testimony, and other documentation as described below:**

- Complainant(s) narrative: Wendy Smith
- Respondent(s) narrative/medical record: Patrick Burns, DVM
- Witness(es) statements: Judy Smith; Anthony Dobos

**PROPOSED 'FINDINGS of FACT':**

1. On June 5, 2021, the cat was presented to Dr. Burns on referral from the primary care veterinarian, Dr. Crofoot, due to dehydration, anorexia, and weight loss. The pet owner reported that the cat was falling over and stopped eating four days prior, but she was syringe feeding the cat baby food and duck and pea diet.

2. Upon exam, the cat had a weight = 3.2 kg, a temperature = 103.9 degrees, a heart rate = 204bpm, and a respiration rate = 60bpm; BCS = 3/9. The cat was BAR, responsive to handling and 8 – 10% dehydrated. Dr. Burns also noted the cat had weak, synchronous femoral pulses, kidneys palpated subjectively large, weak ambulation, and an unkempt coat. Blood work was performed and revealed the following abnormalities:

CREATININE	0.7	0.8 – 2.4
GLOBULIN	5.9	2.8 – 5.1
AMYLASE	>2500	500 – 1500
SODIUM	173	150 – 165
HCT	27.7	30.3 – 52.3
HGB	8.5	9.8 – 16.2
MCH	11.4	11.8 – 17.3
RDW	27.3	15 – 27
RETIC/HGB	12.3	13.2 – 20.8
WBC	25.75	2.87 – 17.02
NEUTS	11.99	2.3 – 10.29
LYMPHS	8.68	0.92 – 6.88
MONOS	4.49	0.05 – 0.67
BASO	0.00	0.01 – 0.26
PLT	83	151 – 600
PCT	0.14	0.17 – 0.86

3. Dr. Burns's assessment was neoplasia versus chronic infection versus uncontrolled hyperthyroidism versus other. Prognosis was guarded. Dr. Burns discussed his findings with the pet owner and recommended hospitalizing the cat overnight for IV fluids for rehydration. The pet owner did not appear concerned with the findings, stating the cat normally had high blood pressure. Dr. Burns explained that this made him have further concern for the cat's condition since the cat now had low blood pressure (70). The pet owner expressed constraints and wanted to wait for the pending thyroid results before taking further action.

4. After further discussion, the pet owner eventually agreed to hospitalization for IV fluids but only allowed for 12 – 24 hours of hospitalization. The cat was hospitalized for IV fluids; he was given bolus fluids, the started on an aggressive fluid rate for rehydration while his respiratory rate was monitored to assess for possible fluid overload. The cat's sodium was also set to be monitored to make sure it did not drop too quickly.

5. An IV catheter was placed and the cat received 50mLs Plasmalyte bolus, which was then

decreased to 20mLs/hr. That evening the cat's care was transferred to Dr. Bedell.

6. Under Dr. Bedell's care the cat continued on IV Plasmalyte, blood pressure went to 120 and ondansetron 1.6mg IV was administered. The cat was not eating and his temperature decreased to 101.2 degrees. The cat's sodium values went from 169 to 175 to 155 by 9:40am (6/6/21). Free T4 = 3.8 (0.7 – 2.6).

7. On the morning of June 6 2021, the cat's care was transferred to Dr. Blom. She evaluated the cat; he was eupneic and normotensive, there was no fever and he was drinking water, however, still not eating. Dr. Blom gave the pet owner an update on the cat's status and recommended continued hospitalization since the cat was still not eating. She further stated that the cat had some nasal discharge – the pet owner stated this was chronic. The pet owner asked about the cat's medications – Flovent and methimazole. Dr. Blom stated that the medications were not administered to the cat while hospitalized as they were not brought in and the pet owner declined to do so.

8. The pet owner stated that the cat took syringe feedings well therefore declined hospitalization knowing the cat was not eating. According to Dr. Blom, the pet owner wanted to take the cat home where she would start his medications. Discharge instructions were prepared and the cat was discharged later that day with Cerenia; the pet owner was instructed to seek medical attention if there were any changes. A recheck exam with the primary care veterinarian was also recommended in 3 – 5 days or sooner if needed.

9. According to Complainant, the cat died the following day.

10. Complainant is listed as Wendy Smith, however, the name on the cat's medical records and signature on discharge instructions is Judy Smith, Complainant's daughter. Unclear if the veterinarians involved ever spoke to Complainant.

11. Dr. Sluiter did not see or treat the cat and has no knowledge of the case.

### **COMMITTEE DISCUSSION:**

The Committee discussed that Respondent performed the initial exam and made recommendations. After the blood work was performed additional diagnostics were discussed and recommended however Complainant only wanted hospitalization.

### **COMMITTEE'S PROPOSED CONCLUSIONS of LAW:**

The Committee concluded that no violations of the Veterinary Practice Act occurred.

### **COMMITTEE'S RECOMMENDED DISPOSITION:**

**Motion:** It was moved and seconded the Board:

*Dismiss this issue with no violation.*



**Vote:** The motion was approved with a vote of 4 to 1, with Dr. Tran absent.

*The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.*

TR

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Tracy A. Riendeau, CVT  
Investigative Division